

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/089731** FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
4		1			
5		1			
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7		1			
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50					
OTAL ID.		1			
OTAL DEP.		1			
OTAL CLAIMS		10			

* IND. DEP.		* IND. DEP.		* IND. DEP.	
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TOTAL IND.		1			
TOTAL DEP.		1			
TOTAL CLAIMS		10			
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10